

The information obtained from this document is intended for medical use only in the event you become ill or injured during the course of training and for medical screening purposes that might preclude your participation in training at the Alabama Fire College. The information contained is privileged medical information and for the expressed use of the Medical Staff of the Health Care Institution you might be referred to for any acute care.

Name	Course

Last 4 # of SSN	DOB	Height	Weight	Age	Gender

Emergency Contacts: Name	Phone	Phone

MEDICAL HISTORY/ILLNESS: Check if you have, or have you ever had, the following.

<input checked="" type="checkbox"/> Cardiovascular (Heart)
Angina
Congestive Heart Failure
Heart Attack
Heart Rhythm Problems
High Blood Pressure
Pacemaker
Palpitations
Other: Specify

<input checked="" type="checkbox"/> Neurological
Concussion
Dizziness/Fainting Spells
Loss of consciousness
Migraine Headaches
Seizures
Stroke
Other: Specify

<input checked="" type="checkbox"/> Musculoskeletal
Arthritis
Back Injury
Broken Bones
Bursitis
Other: Specify

<input checked="" type="checkbox"/> Gastrointestinal
Bleeding Ulcers
Peptic Ulcers
Bleeding from Rectum
Hepatitis
Gallstones
Other: Specify

<input checked="" type="checkbox"/> Pulmonary (Lungs)
Asthma
Chronic Bronchitis
Collapsed Lung(s)
COPD
Pneumonia
Other: Specify

<input checked="" type="checkbox"/> Eyes/Ears/Nose/Throat
Blindness
Color Blindness
Sinusitis
Other: Specify

<input checked="" type="checkbox"/> Endocrine
Diabetes
Other: Specify

<input checked="" type="checkbox"/> Blood
Anemia
Clotting Disorder
Other: Specify

<input checked="" type="checkbox"/> Surgeries
Angioplasty
Appendectomy
Back Surgery
Cholecystectomy
Coronary Bypass
Hip
Open Fractures:
Other: Specify

MEDICATIONS (and dosage)	ALLERGIES

Student Signature: _____ **Date:** _____